

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/772,367
Filing Date	February 6, 2004
First Named Inventor	Michelle L. Woodruff
Art Unit	
Examiner Name	
Attorney Docket Number	24,250.00

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Patent No. 6,925,967
Issue Date August 9, 2005

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☐ the practitioners of record associated with Customer Number: _____

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

- | | | | |
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| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input checked="" type="checkbox"/> 10.40(c)(6) Please explain below: | |

First named inventor recently paid the Patent Office directly the first maintenance fee due as to her above patent, thus indicating that she no longer feels the need for the services of this attorney.

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

[Page 1 of 2]

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B. ☒ Inventor or
Assignee name Michelle L. Woodruff

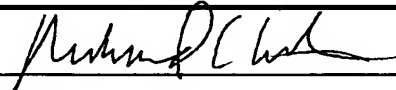
Address 61 East Broad Street

City Titusville State FL Zip 32796 Country U.S.

Telephone 321-383-9585 Email

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature



Name

Richard C. Litman

Registration No. 30,868

Address Litman Law Offices, 3717 Columbia Pike

City Arlington State VA Zip 22204 Country U.S.

Date May 8, 2009 Telephone No. 703-486-1000

NOTE: Withdrawal is effective when approved rather than when received.

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City Titusville	State FL	Zip 32796	Country U.S.
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Telephone	321-383-9585	Email
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